THE EVOLVING PARTNERSHIP BETWEEN RBHS AND RWJBARNABAS HEALTH

The mega-merger of Robert Wood Johnson Health System and Barnabas Health System into RWJBarnabas Health was completed in March of this year. This will have a major impact on Rutgers Biomedical and Health Sciences (RBHS).

Both RWJBarnabas Health and RBHS are major providers of health care in New Jersey. RWJBarnabas Health has more than 9,000 physicians and 1,000 residents and interns. RBHS has about 1,000 clinical faculty and 1,000 residents and interns. The budget for RWJBarnabas Health is $4.5 billion which makes it one of the ten largest systems in the United States. The budget for RBHS is $1.6 billion.

(continued on page 2)
At the August 3, 2016 town hall meeting with RWJMS faculty, Chancellor Brian Strom compared the budget of RWJBarnabas Health with that of Johns Hopkins which has a $4.7 billion budget that includes its academic enterprise. If the RWJBarnabas Health and the RBHS budget are considered as one, this combination is greater than the budget for Johns Hopkins.

Rutgers Robert Wood Johnson Medical School has had a 40-year partnership with Robert Wood Johnson University Hospital (RWJUH). Chancellor Strom stated that Rutgers recently signed a new Master Affiliation Agreement between Rutgers RWJMS and Robert Wood Johnson University Hospital. Negotiations are now underway between RBHS and RWJBarnabas Health with the goal that the two organizations will become increasingly integrated and close partners.

According to the RWJMS website, presently RWJMS, one unit of RBHS, is affiliated with three university hospitals:
- Jersey Shore University Medical Center
- University Medical Center of Princeton at Plainsboro
- RWJ University Hospital

It also has two major clinical affiliations with
- Saint Peter’s University Hospital
- Raritan Bay Medical Center

In addition, RWJMS has affiliation agreements with 23 other hospitals and medical centers. Other units of RBHS besides RWJMS have affiliations with other hospitals as well.
DEVELOPMENT OF THE ENVIRONMENTAL AND OCCUPATIONAL HEALTH SCIENCES INSTITUTE

By Bernard D. Goldstein, MD

[Editor’s note: At a town hall meeting with the RWJMS faculty, Chancellor Brian Strom noted the recent reorganization that removed departments and faculty from the two RBHS medical schools and placed them in the School of Public Health. As a result of this reorganization, the Department of Environmental and Occupational Medicine was removed from RWJMS.

Since RWJMS was instrumental in the formation and phenomenal growth of this department and the Environmental and Occupational Health Institute (EOHSI), the RWJMS Retired Faculty Association invited founding Institute Director, Bernard Goldstein, MD, to recount the early history of EOHSI (usually mispronounced E-O-SHI). Dr. Goldstein received his medical degree from NYU, and became board certified in both internal medicine and hematology. Dr. Goldstein was recruited to the then Rutgers Medical School faculty in 1979 by Deans Richard Reynolds and Norman Edelman for the purpose of turning the Department of Community Medicine into a Department of Environmental and Community Medicine. The department became the springboard for developing a program and later a School of Public Health with Dr. Goldstein as its first dean. Wearing the hats of department chair, dean, and institute director, Dr. Goldstein built EOHSI into the largest academic environmental and occupational health program in the country. He then accepted the invitation to become Dean of the University of Pittsburgh School of Public Health from which he retired several years ago.

Dr. Goldstein’s main areas of research link environmental toxicology to human health risk assessment. He was and is a proponent of the precautionary approach to environmental health; substances should be shown to be safe rather than waiting for them to prove themselves harmful. His own laboratory research was in areas of pulmonary responses to air pollution and hematologic responses to toxic chemicals, such as benzene. But he is best known for his applications of environmental toxicology to public health policy. He is a member of the Institute of Medicine of the National Academy of Sciences.]

The original design for EOHSI was written in 1985 on the back of a placemat with Bob Snyder at a restaurant in Bologna, Italy. I was on a two year leave of absence from Rutgers Medical School to serve as assistant administrator for R&D at the Environmental Protection Agency and had just gotten assurances from the College of Medicine and Dentistry of New Jersey-Rutgers Medical School dean, Richard Reynolds, that there was both a CMDNJ and Rutgers University commitment for a building to contain the growing environmental research and teaching components of both schools.

Many of the programmatic building blocks for EOHSI were already in place. In 1979, Dean Reynolds recruited me to chair the then Department of Community Medicine and provided resources to develop an environmental and occupational health program. Benzene researcher, Gisela Witz, my colleague at NYU, joined me in New Jersey, while Bob Snyder, also a benzene aficionado, was recruited in the early 1980s from Jefferson to build a joint toxicology program for CMDNJ and RU (see below), which was a nucleus for the EOHSI. Within the medical school component, a key member of the existing five-member faculty was Audrey Gotsch whose health education program was focused on worker health, a program developed further at EOHSI and that continues to provide national leadership. Gotsch and her EOHSI team also developed groundbreaking programs in K-12 environmental health education.

New Recruits

Major early recruits in the medical school were Michael Gochfeld and Michael Gallo. Gochfeld (continued on page 4)
Environmental and Occupational Health Institute
(continued from page 3)

developed a national leading program in occupational health with a focus on hazardous waste workers - a specialty industry in New Jersey. It included a newly developed occupational medicine residency program, the first of its kind in New Jersey and one of only 30 nationwide. After recruiting Howard Kipen, Iris Udasin, and Nancy Fiedler, the growing occupational medicine group needed a new home for its unique clinic and anxiously awaited the promised EOHSI building. Gallo led the initial development of the Medical School’s toxicology program, recruiting several researchers including Jeffrey Laskin. As environmental toxicology was maturing as a discipline, we recognized that exposure was a black box, and Paul Lioy was recruited to turn this black box into a new discipline of exposure assessment, hiring Panos Georgopoulis and Cliff Weisel, in conjunction with colleagues in Exposure Science (Cook College) and Engineering.

Environmental Toxins
Toxic chemicals in the environment were a major public concern in New Jersey, and researchers from the medical school and RU were frequently in the news or in Trenton, Washington, or the United Nations addressing vexing toxicology and exposure questions. Our ability to bring science together with policy was the key impetus to the state government deciding that developing EOHSI was in New Jersey’s best interest. Herbicides used in the defoliant Agent Orange had been manufactured on the banks of the Passaic River, which was discovered to be highly contaminated with dioxin. Gallo and his group responded to this crisis, finding that Newark soil contained higher dioxin concentrations than toxins in Times Beach, Missouri which led to an evacuation in the town. However, by performing animal laboratory studies, they showed that dioxins in the oily Newark soil were far less bioavailable, hence posed less of a health threat. To do these studies required releasing state money for the delayed upgrade of the CMDNJ laboratory facilities which, when it was explained why they were needed, occurred in record time. This combination of excellent research, including a publication in Science, with major policy implications has characterized EOHSI. At the same time in the early 1980s, the aforementioned university plans for building a world-class toxicology program at the College of Pharmacy to be headed by a major new recruit were proceeding. A brief crisis caused by the decision by the RU Graduate School dean to withhold funding for the position was averted when the dean learned that if RU did not proceed, then CMDNJ would develop the program alone. The money materialized, which led to the recruitment of Robert Snyder to chair the Department of Toxicology at the College of Pharmacy and to build a superb graduate program in toxicology. Bob, in turn, recruited colleagues, Charlotte Witmer and Fred Kaufman, as well as a newly minted PhD, Debra Laskin. By the end of the 1980s, the combined toxicology faculty was the largest academic toxicology group in the nation (based on membership in the Society of Toxicology).

Two other major building blocks were the Graduate Program in Public Health (GPPH) and the Exposure Science program. In the 1970s, NJ health scientists had twice tried to gain support and funding to build a School of Public Health (SPH). RU was reluctant to again invest the resources in what had been failed attempts at convincing the New Jersey Board of Higher Education of the need for a master’s of public health degree program. Therefore, CMDNJ faculty took the lead, in part based upon the requirements of the occupational medicine residency for an MPH degree. RU joined the public health initiative, with the notable addition of Michael Greenberg and his colleagues at the Bloustein School who have been essential to the growth of what is now the Rutgers University School of Public Health. While truly a joint program, the fact that it was led by CMDNJ/UMDNJ rather than RU was significant as all tuition remained in the program rather than first being filtered through Old Queens. One afternoon Greenberg and Gochfeld sat down to write the program justification document for a graduate program in public health based on EOHSI. They projected that student demand would grow over the ensuing decade, and student demand is still sustaining the SPH, 30 years later.

The growth of EOHSI’s programs spurred growth of programs throughout the campus.
(continued on page 5)
Environmental and Occupational Health Institute  
*(continued from page 4)*

The recruitment of Allan Conney and C.S. Yang and the development of the Laboratory for Cancer Research would not have been possible without the resources available through EOHSI. The fingerprints of EOHSI, particularly those of Michael Gallo, are clearly visible in the initiation and successful growth of the New Jersey Cancer Institute. EOHSI also benefitted greatly from association with existing campus programs, a superb example being the involvement of Joanna Burger, the Division of Life Sciences, spearheading the field of ecological risk assessment. We were also able to provide university leadership with many informative news stories that were featured in presentations to the legislature, alumni, and media.

So how did we get the mispronounceable acronym, EOHSI? Developing the EOHSI program was not without its ups and downs. At then UMDNJ’s Newark, leadership withdrew its support and we were rescued in part by Alexander Pond, the executive vice president of RU. The crisis leading to the EOHSI name was based on our perception in the mid-1980s that the NJ Treasurer’s Office was hesitant to support the initial multi-million dollar budget item that was needed for the proposed EOHSI building. Governor Kean, in his annual State of the State message, said that there would be “an environmental and occupational health science institute built in Piscataway.” Based upon my experience as a political appointee at the Environmental Protection Agency, I simply took that language, capitalized the first letter of each of the words, put it on our letterhead, and kept reminding Trenton that we were what the Governor had promised. Ironically, when Governor Kean spoke at our tenth anniversary, he wanted to know how we got the funny name.

In addition to playing active roles in informing New Jersey and U.S. environmental policy, EOHSI faculty are active in international settings. The ceremony marking the opening of the EOHSI building was a very special event. The keynote speaker was Dr. Wilfried Kreisel, head of the World Health Organization’s Environmental Division, who came from Geneva for the event. Another hallmark of EOHSI’s international recognition was being selected to host a triennial meeting of the Paris-based Scientific Committee on Problems of the Environment.

The EOHSI story at Rutgers is one of successful program evolution based upon a commitment to the best possible science responsive to a public need. It would not have been possible without collaboration across many disciplines that was fostered by the ability of EOHSI to provide opportunities for excellent science, access to top level graduate programs, and space and support facilities. Programs like EOHSI also require university leadership that recognizes the value of the institution for providing the resources and incentives that reward faculty for developing successful collaborative programs. Environmental and occupational health challenges continue to evolve – think nanotechnology and global climate change. These newer challenges, and others that no one foresees, require the cross-disciplinary approaches for which EOHSI is justly nationally and internationally famous.

THE FORMATION OF EOHSI –  
THE AMERICAN AND NEW JERSEY CONTEXT

*By Michael Gochfeld, MD*

The accompanying article in this newsletter on the history of the Environmental and Occupational Health Institute (EOHSI) by Bernard Goldstein, MD, details the extraordinary growth of environmental sciences at Rutgers Robert Wood Johnson Medical School. The quest by former dean, Richard Reynolds, MD, and Norman Edelman, MD (pulmonary medicine) to expand the school’s Department of Community Medicine to include an evolving concept of environmental medicine was done in response to urgent needs in the United States and the State of New Jersey. In the United States, recognition of insults to environmental quality grew slowly in the latter half of the 20th century, boosted substantially by Rachel Carson’s *Silent Spring* (1962), one of (continued on page 6)
The Formation of EOHSI – The Context
(continued from page 5)

the most influential books of the century. The United States Environmental Protection Agency came into being in 1970, tasked with enforcing the Clean Air Act (1963) and Clean Water Act (1972) among others. Throughout the seventies attention to environmental quality and health were becoming front page news stories. At the same time, globalization was becoming a familiar term as more and more old factories closed their doors, moved production offshore for cheap labor, and left behind a legacy of contaminated soil, water, and unclaimed toxic waste.

The formation of EOHSI was done in response to New Jersey’s growing need for expertise to deal with hazards (old and new) encountered in the home, community, and workplace environment. For a century, New Jersey had been the most densely industrialized state in the nation with the highest proportion of population employed in industry. It was the home of the petrochemical, chemical, and pharmaceutical industry. The costs of managing industrial waste had been externalized, so that for decades companies had piped toxic soups into water ways, exhausted it through stacks, or trucked it away to dump sites, both legitimate and illegal. Many farmers earned a few extra bucks by allowing truckers to dump drums or pump liquid waste into shallow trenches in fallow farm fields.

In the late 1970s, I was director of environmental and occupational health at the NJ Department of Health, and Dean Reynolds and Dr. Edelman consulted with me about their plan to incorporate environmental medicine into the Rutgers Medical School curriculum. My boss, health commissioner Joanne Finley, MD, gave me clear directions: “Be supportive, even enthusiastic, but no money from Trenton.” Norm happened to know of a promising young internist, Bernie Goldstein, from NYU with environmental medicine credentials. In 1980, I met with Bernie and was delighted when he offered me a job. Michael Gallo, whose subsequent roles at the former UMDNJ extended well beyond EOHSI’s walls, was recruited at the same time.

In 1980, the year that the Superfund legislation was enacted to clean up toxic waste dumps, the Eagleton Poll found that environmental health issues were the number one public policy concern among New Jerseyans, ahead of jobs, schools, and crime. New Jersey’s Department of Environmental Protection, spearheaded by assistant commissioner Glenn Paulson (later an associate dean of the School of Public Health), was very aggressive in finding those toxic waste sites, and not only did NJ actually have the most sites, but we were well ahead in the effort to get those sites onto the Superfund list, which promised funding for cleanups. Although the promised dollars were often slow to materialize, New Jersey developed a hazardous waste industry, specializing in identification, cleanup, and disposal of toxic wastes. It was in this historical context that EOHSI was founded, developed, and flourished to prevent and treat the toxic insults to the environment.

A PROMISE TO PERU

By Sanjay Jumani

[Editor’s Note: The RWJMS Retired Faculty Association provides financial support through its Global Health Fellowship Fund for undergraduate medical students to learn, help, and teach in foreign countries. Sanjay Jumani participated in this program between his first and second year at RWJMS and gave a presentation of his experiences at the May 5, 2016 RWJMS RFA meeting.]

During the summer of 2014, I had the wonderful opportunity to participate in “A Promise to Peru,” an ophthalmologic and medical mission in Sacred Valley, Peru. I had applied to this program not only to get exposure to clinical medicine, but also to experience healthcare in a developing and beautiful country with a rich culture and history. Peru was the ideal location for my goals for the summer as I had been (continued on page 7)
A Promise to Peru
(continued from page 6)

working toward developing proficiency in Spanish. Furthermore, Peru is an ideal location to see how international humanitarian aid is managed. Peru is often a recipient of foreign aid because it is a developing country with a high human development index score (a score developed by the United Nations to determine the potential development of a country). It has a poverty level of 25.8%, an annual income of $6,390 per capita, and a population of around 30 million individuals. There is a deficiency in the number of physicians available to the residents of Peru, which creates a major barrier to both medical and ophthalmologic care.

I traveled with a team of fifty volunteers to a small village in the Sacred Valley in the Andes, Urubamba, to provide both ophthalmologic care and medical treatment to the inhabitants. The team consisted of ophthalmologists, medical physicians, resident physicians, nurses, technicians, medical students, optometry students, MPH candidates, a doctoral student of pharmacology, and undergraduate students. The trip was divided into two parts. The first half was characterized by ophthalmologic care: medical professionals evaluated Peruvian residents for visual impairment and cataract surgery. During the summer, a team of ophthalmologists and nurses conducted 84 cataract surgeries, and over 1,000 pairs of eyeglasses were dispensed from our optometry clinic. The second part was devoted to medical care.

(continued on page 8)
A Promise to Peru
(continued from page 7)

Ophthalmologic Care

While I participated in the first half of the program, I learned about the degree of visual impairment in the Sacred Valley. The Andean valley is located in the district of Cusco, one of the country’s largest cities; while the physical distance between Urubamba and Cusco is not terribly great, the journey between the two locations traverses an expanse of mountainous terrain, making the journey somewhat arduous, especially for those without access to modern transportation. The country of Peru has less than 1,000 ophthalmologists, most of whom are concentrated in the country’s capital, Lima. With a population of 28 million people, the country is lacking ophthalmologic resources. Moreover, the lack of available transportation sometimes creates situations in which there is only one ophthalmologist for approximately 700,000 people. This allowed me to appreciate the impact that a trip like ours could make because the need for visual care in this area is evident.

Moreover, I learned about the lasting changes that ophthalmologic interventions can make in the context of a medical mission. Many times, humanitarian medical agencies travel to developing countries and provide a Band-Aid solution to health problems without any long-term follow up to monitor chronic conditions. Cataract surgeries and visual improvement are unique interventions in that patients see long-lasting improvements with minimal amounts of follow-up, and these changes can make a world of difference for individuals. Patients who have complete bilateral blindness with no light perception or visual acuities were able to see extremely clearly the day after receiving surgery. Women whose occupations depended on seeing fine maneuvers at needlepoint were given glasses to improve their productivity and ease their visual strain. These lasting interventions showed me how important it is to make tangible investments that are sustainable when providing humanitarian aid to developing countries.

Medical Care

The second part of the journey was our medical mission: we travelled into the mountainous areas along the Sacred Valley and set up daily medical clinics. There were definitely both positive and negative aspects to this part of the trip. Unfortunately, many of the conditions we saw in the mountainous regions were chronic, including GERD, chronic musculoskeletal pain, and recurrent headaches, which required long-term management. While we were able to dispense some omeprazole, NSAIDs, and mild analgesics, they were often a limited amount (usually 15-30 tablets) and would only provide temporary relief. However, we were able to provide counseling and some education to the residents of the area, which hopefully provided more long-term changes. For example, for a patient with GERD, we advised the avoidance of alcohol and greasy foods before bedtime in hope that the behavioral changes would help manage the chronic condition.

Overall, I was very moved by my experience in Peru. The foreign aid and international health programs I had only studied from the context of a classroom were brought to the forefront of my awareness. I was able to participate in a humanitarian program through this medical mission, and for that I am extremely grateful. I learned a lot about international health, foreign aid, and the means in which healthcare is delivered in a developing country. I made important friendships with native Peruvians, got to practice both my medical skills as well as my Spanish language skills. The level of gratitude I experienced from the Peruvian residents is an intangible presence lacking from the American culture. While I had always imagined myself as the type of physician who would travel abroad to use my medical education in the aid of others, this trip showed me that not only is it possible, but also that I will have a very satisfying experience should I choose to repeat it. Needless to say, this will not be my last trip with A Promise to Peru. It is my hope that when I am an established resident physician, I can take two weeks out of my schedule and return to this program, which provides such great care to a spectacularly kind population.
In Memoriam

Joseph Zawadsky, MD

By Charles Gatt, MD

The Rutgers Robert Wood Johnson Medical School family mourns the loss of our friend and mentor, Dr. Joseph Zawadsky.

Dr. Zawadsky, the “Godfather of orthopaedic surgery in New Jersey,” was a true legend in New Jersey. He grew up in South River, New Jersey where he was a football star. He graduated from Princeton University where he excelled academically and on the football field. He then attended medical school at Columbia University and residency at the New York Hospital. From there, he joined the Air Force in 1956, where he served as a captain and physician. After his discharge from the Air Force, Dr. Zawadsky returned home to South River and opened a general medical practice. Although he enjoyed treating patients and delivering babies, Dr. Zawadsky’s true calling was orthopaedic surgery. He pursued this dream by completing his orthopaedic residency at Columbia University.

On July 1, 1964, he founded his orthopaedic practice, called University Orthopaedic Associates, in New Brunswick. Despite the name of the practice, it was routinely referred to by patients and professionals alike as “Dr. Zawadsky’s group.” Dr. Zawadsky, as the founding chair of orthopaedic surgery, founded the orthopaedic residency at Rutgers Medical School and among his most cherished professional accomplishments is that he trained 74 orthopaedic residents. Dr. Zawadsky was renowned for both his surgical prowess and his bedside manner, as he treated each patient with equal doses of medical attention and comic relief. One of his favorite jokes on rounds was when he would tell a patient they lied about their age and he knew it because he counted the rings in their bone.

Dr. Zawadsky performed the first hip replacement surgery in the state and served as a long-time orthopaedic consultant for Princeton University. He was also a team physician for Rutgers University and held several prestigious positions in the state and nationally. Dr. Zawadsky received countless prestigious awards, including the Distinguished American Award of the National Football Foundation and Hall of Fame in 1974, the American Orthopaedic Society for Sports Medicine Thomas A. Brady Community Service Award, and the Doctor of Sports Medicine - Doctor of the Year Award.

Dr. Zawadsky’s greatest accomplishment, however, was his family. He and his high school sweetheart and beloved wife, Lynn, had six children and 15 grandchildren. His family spent summers together at his home in Mantoloking, N.J., enjoying the sun and surf. He was an avid fisherman and golfer, passions also shared by his children.

The impact Dr. Zawadsky had on orthopaedic surgery in New Jersey and our entire medical community cannot be overstated. He is considered nothing less than legendary, and we will probably not see another like him. Patients absolutely revered “Dr. Z” and after an office visit felt as if he was their personal friend. As they prepared to have surgery, they had the comfort and confidence that they were in the best hands and had a compassionate and caring surgeon. His personal commitment to excellence created an environment that set the bar high for every orthopaedic surgeon in New Brunswick. He set the example of commitment to our patients. He was known to stop in at the hospital for rounds on a Saturday night on his way home from a wedding just to check on things and say hello. Yet, he also emphasized the importance of balance and commitment to family. We are all fortunate to have shared our careers and lives with Dr. Joseph Zawadsky. Orthopaedic surgery in New Brunswick, in his memory, will always commit to excellence and compassion. Because of Dr. Z, we are better physicians and better people.
Robert Wood Johnson Medical School Retired Faculty Association
Global Health Fellowship Fund

The RFA is sponsoring medical students to learn, help, and teach in foreign countries, a potentially life-changing experience under the aegis of the Global Health Initiative of Rutgers Robert Wood Johnson Medical School. The RFA is helping to support summer programs or international electives for medical students and is asking you to consider adding your support to this effort. All funds go to help the students without any deduction for administrative expense.

You can submit your donation to support the RFA Global Health Fellowship Fund by sending a check made payable to the “RWJMS Retired Faculty Association” and mailing it to Paul Lehrer, PhD, Department of Psychiatry, Rutgers Robert Wood Johnson Medical School, 671 Hoes Lane West, Piscataway, NJ 08854. All contributions are tax deductible as charitable contributions. The RFA is a 501(c)(3) tax-exempt organization.

The people listed below have made donations to support this fellowship in the 2015/2016 (September 1, 2015 – December 31, 2016) cycle. See next page for an explanation of the period covered by the contributions.

David Alcid  Avedis Khachadurian  Norman Sissman
Peter Aupperle  Paul Lehrer  Paul Smilow
Gordon Benson  John Lenard  Victor Stollman
James Chandler  Paul Manowitz  Marian Stuart
Norma Greenfield  Michael McCormack  Mary Swigar
Eckhard Kemmann  Joyce Orenstein  Joseph Zawadsky

RWJMS RETIRED FACULTY ASSOCIATION MEMBERSHIP

The members listed below have paid their RWJMS RFA dues during the 2015/2016 (September 1, 2015 – December 31, 2016) cycle.

David Alcid  Stephen Felton  John Lenard  Peter Scholz
Peter Aupperle  Herbert Geller  Gordon Macdonald  Stephen Schneider
Gordon Benson  Joanne Gibson  Paul Manowitz  David Seiden
Mary Breckenridge  Michael Gochfeld  Michael McCormack  John Semmlow
Bruce Breckenridge  Norma Greenfield  Russell McIntyre  Norman Sissman
Barbara Brodstrom  John Harrigan  Virginia Mehlenbeck  Paul Smilow
Charles Brodstrom  Richard Harvey  Michael Miller  Frank Snape
Margaret Brodstrom  Marsha Jessup  Ron Morris  Paul Stein
Edward Browning  Eckhard Kemmann  Sandra Moss  Nancy Stevenson
Wilfredo Causing  Avedis Khachadurian  Joyce Orenstein  Victor Stollman
James Chandler  Florence Kimball  Robert Pinals  Marian Stuart
Joan Chase  Linda Kovach  Barbara Pollack  Mary Swigar
John Crowley  Paula Krauser  Rebecca Puglia  Alan Wilson
Donald Dubin  George Krauthamer  David Riley  Frank Wilson
Robert Edelberg  George Lambert  Michael Ruddy  Gisela Witz
Norman Edelman  Paul Lehrer  Marilyn Sanders  Donald Wolff
David Egger  Michael Leibowitz  Phillip Schiffman  Joseph Zawadsky
Eric Eikenberry  Joseph Lieberman  Gordon Schochet
Retired Faculty Association

The period covered for the RWJMS RFA dues has been changed from September 1, 2015 – August 31, 2016 to January 1, 2016 – December 31, 2016. All who have paid dues by September 1, 2015, will have their membership extended to December 31, 2016.

If you have not already done so, please send in your 2017 (January 1, 2017 – December 31, 2017) dues. Also, if you would like to support medical students to have an opportunity to participate in the Global Health Program, consider donating to the RFA Global Health Fellowship Fund. Please send your check to Paul Lehrer. Both contributions are tax deductible as charitable contributions. Thank you.

**RWJMS Retired Faculty Association 2017 (January 1, 2017 – December 31, 2017) Dues**

*Benefits of RFA Membership:*

- Defining, advocating for, and publicizing the benefits of retired faculty at RWJMS,
- Fostering ongoing engagement and participation of retired faculty in RWJMS activities,
- Promoting continuing interaction among retirees,
- Providing information and options for faculty considering retirement, and
- Interacting with other academic retired faculty associations (e.g., The AAUP Emeriti Assembly of Rutgers University, The Rutgers Retired Faculty and Staff Association).

Please cut along the dotted line below and return that portion with your payment.

**Please Print:**

Name: _______________________________________________________________
Address: _______________________________________________________________
_______________________________________________________________
Phone: _______________________________________________________________
E-mail address: _________________________________________________________

Please enclose a check for a donation to the Global Health Program and/or for dues ($15) made payable to the “RWJMS Retired Faculty Association,” and mail the check to Paul Lehrer, PhD, at the address shown below.

Global Health Program (indicate dollar amount) ____________________
RWJMS RFA Dues ($15) ____________________
Total Amount ____________________

Paul Lehrer, PhD
Department of Psychiatry
Rutgers Robert Wood Johnson Medical School
671 Hoes Lane West
Piscataway, NJ 08854

Please include any personal information that you wish to share with others. Thank you.